

## State of Tennessee Health Services and Development Agency

Andrew Jackson Building, 9<sup>th</sup> Floor, 502 Deaderick Street, Nashville, TN 37243 **www.tn.gov/hsda** Phone: 615-741-2364 Fax: 615-741-9884

## Notice of Beginning of Review Cycle

Applications will be heard **June 22, 2016 Meeting** at the Tennessee Health Services and Development Agency Meeting (except for projects noted as **Consent Calendar which will be heard at the May 25, 2016 Meeting**).

\*Denotes applications being placed on the Consent Calendar.

+Denotes applications under simultaneous review.

This is to provide official notification that the Certificate of Need applications listed below have begun the review cycle effective April 1, 2016. The review cycle includes a 60-day period of review by the Tennessee Department of Health, the Tennessee Department of Mental Health and Substance Abuse Services, or the Tennessee Department of Intellectual and Developmental Disabilities. Upon written request by interested parties the staff of the Tennessee Health Services and Development Agency shall conduct a public hearing. Certain unopposed applications may be placed on a "consent calendar." Such applications are subject to a review less than 60 days including a 30-day period of review by the Tennessee Department of Health, the Tennessee Department of Mental Health and Substance Abuse Services, or the Tennessee Department of Intellectual and Developmental Disabilities. Applications intended to be considered on the consent calendar, if any, are denoted by an asterisk.

Pursuant to T.C.A. Section 68-11-1609(g)(1), any health care institution wishing to oppose a Certificate of Need must file a written objection with the Tennessee Health Services and Development Agency and serve a copy on the contact person for the applicant no later than fifteen (15) days before the agency meeting at which the application is originally scheduled for consideration.

For more information concerning each application you may contact the Tennessee Health Services and Development Agency at 615/741-2364.

## NAME AND ADDRESS

Blount Memorial Hospital 2410 Highway 411 South Maryville (Blount County), TN 37801 CN1603-011 Contact Person: Jane Nelson

Phone: 865-981-2310

## **DESCRIPTION**

The establishment of a 14 treatment room 17,250 GSF free standing Emergency Department to be located at 2410 Highway 411 South, Maryville (Blount County), Tennessee 37801. The proposed facility will be operated under the license of Blount Memorial Hospital, Inc., and include ancillary services including but not limited to medical lab, CT, X-Ray and ultra-sound. The project cost is \$7,887,351.